

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT

09/744046

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
3	2		/			
4			/			
5	8		/			
6	8		/			
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TOTAL IND.	1		1			
TOTAL DEP.	7	↔	6	↔	↔	
TOTAL CLAIMS	8		7			

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IND.	DEP.	IND.	DEP.
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TOTAL IND.		↔	
TOTAL DEP.		↔	
TOTAL CLAIMS		↔	

U.S. DEPARTMENT OF COMMERCE